

University of Nebraska - Lincoln

DigitalCommons@University of Nebraska - Lincoln

Library Philosophy and Practice (e-journal)

Libraries at University of Nebraska-Lincoln

11-12-2019

Administration of Health Records/Information Practitioners of Nigeria: Requirements, Implementations, Prospects and Challenges of Health Records Officers' Act

Tajudeen Temitayo Adebayo PhD
adebayott@gmail.com

Michael Segun Omole PhD
osegunmicheal@gmail.com

Rasaq Adetona Adio
adiorasaq2015@gmail.com

Muyiwa Adeleke Amin
muyiwaamin@gmail.com

Adebayo Olayiwola Ogunniran
bogunniran2@gmail.com

Follow this and additional works at: <https://digitalcommons.unl.edu/libphilprac>



Part of the [Health and Medical Administration Commons](#), and the [Library and Information Science Commons](#)

Adebayo, Tajudeen Temitayo PhD; Omole, Michael Segun PhD; Adio, Rasaq Adetona; Amin, Muyiwa Adeleke; and Ogunniran, Adebayo Olayiwola, "Administration of Health Records/Information Practitioners of Nigeria: Requirements, Implementations, Prospects and Challenges of Health Records Officers' Act" (2019). *Library Philosophy and Practice (e-journal)*. 3645.
<https://digitalcommons.unl.edu/libphilprac/3645>

Administration of Health Records/Information Practitioners of Nigeria: Requirements, Implementations, Prospects and Challenges of Health Records Officers' Act

Introduction

Nigerian Health Records Professionals

Nigerian Health Records Professionals (NHRP) are set of people formally certified by Health Records Officer Registration Board of Nigeria (HRORBN) by virtue of having completed a required course of studies ranging from technician to diploma, and various degrees in Health Records Practice. Health records practice according to IFHIMA (2015), “in recent years has become more clearly defined and more widely recognized around the world”. NHRP are considered professional because they earn their living from health record practices. Health Information Practitioners according to Health Information Management Association of Australia HIMAA (2013), plans, develops implements, evaluates and manages health information systems, including clinical and administrative data, and healthcare records in health care facilities and other types of organisations. The [health information manager] combines knowledge of healthcare by analysing processes, healthcare records, information management, health administration, quality improvement processes, clinical classification and human resource management to provide services that meet the medical, legal, ethical, administrative and reporting requirements of the healthcare delivery system. NHRP are generally expected to possess professional skills which are career competencies that often are not taught (or acquired) as part of the coursework required to earn advanced certificate. Professional skills such as leadership, mentoring, project management, team work, time management, and conflict resolution are value-added skills essential to any profession.

Professionalism in health information practice requires a way of conducting oneself with courtesy and respect for others which are fundamental elements of proficient behaviour. NHRP are required to take responsibility for their actions with care for consequences that might evolve and for how their actions will affect others. For efficiency and effectiveness NHRP competences should have set of established standards upon which the conduct of members could be measured and judged. This work sought to investigate the principles or rules available employed in regulating, controlling, directing, or managing the activities and practices of NHRP in all ramifications. NHRP are expected to respond to organizational burdens necessitating more tactical and strategic contributions, demanding work programmes and lengthening responsibilities which all require regulation.

Legislative Requirement for the conducts of NHRP

Regulation is principle or rule which may involve employment of strong-arm power of law in performing certain managerial responsibilities which cover controlling and directing an activities within an organization or system. It may also be referred to as set of rules based on and meant to carry out a specific piece of legislation. Regulation of NHRP is charged on a body known as Health Records Officers Registration Board of Nigeria (HRORBN) which was established by CAP 166 LFN1990 (formally Decree 39 of 1989 dated 11th December, 1989). This body started functioning in in a temporary Secretariat in LUTH after inauguration on 16th of October, 1992 by the then Honourable Minister of Health and Social Services, Professor Olikoye Ransome Kuti (Akanji n.d). for the control of practice of the profession of

health records management and matters relating thereto. This Act according to part 1, section 2, and subsection a-c, there is Legislative requirement for:

Determination of Standards of Knowledge and Skills for Qualification: The Board defines the criterions for which people can attain the status of membership of NHRP. An individual seeking to be member of NHRP must be certificated in the field of Health Records Practice. The minimum qualification at the present is Technician Certificate or Diploma equivalent. Moreover, the Board improves of those standards regularly according to the dictation and requirement of prevalent situation.

Registration of Members: There is Legislative requirement for registration of members as NHRP. The conditions provided by for such registration according to part 9, section 1, and subsection a to f are: evidence of attendance of Board approve courses conducted in the approved school, possession of minimum qualification acceptable to the Board, holding certificate of experience, be of good conduct and characters, payment of prescribed fees, no legal disabilities to practice in the country where the qualification is awarded, among others.

Licencing of Members: The board has been charged with the responsibility for supervision of examinations leading to approved qualification for licensure. In addition to this, the board conduct license examinations for different categories of members and eventually award license to qualify applicants. Once a licensing law has been passed it becomes illegal for anyone to engage in that occupation unless he or she has a license (Uvah; 2003).

Establishment and Maintenance of Register for Members: Another important Legislative requirement provided by the Act is the instituting and upkeep of a catalogue that contain all the names of the registered member of the profession and publishing it from time to time. The required information expected to include name, address, approved qualification and other related information (part 7, section1). This will enable the members to know their status as members and exposed quacks who engaged in the act of Health Records Practice. This will also serve as database for all NHRP. Also, according to 7,2b of the act, members are required to notify the Registrar any change in their particulars. In case of death, insanity or any reasons which may cause a member to cease to continue as a member of NHRP, there is statutory provision for the Board to deregister such individual.

Conducting Examinations in Health Records Management and Awarding Certificates: The Board has bestowed power which authorises them to initiate and coordinate qualifying examinations for different categories of the students which leads to the award of certificates. The is empowered to prescribe fees in respect of the examination exercise covering booklets provision, question setting, invigilation and supervision of the examinations throughout the Federation, marking and recording, approval of the results among others

Prohibition of misleadingly acknowledging to be a registered person: Among the Legislative requirement is the prohibition of falsely professing to be a practitioner of health records profession by unregistered person. This according to section 13 of the Act illegalise using the any name, description or symbol by unregistered person that can lead to an assumption that individual is a registered member of the profession. Penalty of N100 or N200, six month imprisonment or both is attached to such offense.

Payment for services: According to this Act, a member who has duly registered shall have his or her entitled recuperated for the professional services by action in any court of competent

jurisdiction. However, if a non-registered person performs the duty of a duly registered member of NHRP, the court will not recover the fees of such person legal proceedings because such individual is under prohibition in the first case.

Fraudulent Registration: Any member who fraudulently procured registration either by intentionally making a false statement in a material particular or irresponsibly made a false statement shall be guilty of an offence. In addition to these, the registrar or any employ of the board is also liable if errantly makes any falsification in any matter pertaining to the maintained register. The fine is jurisdiction dependent. A fine of ₦100 naira if convicted in a court of inferior jurisdiction and ₦1000 with imprisonment of maximum of 2 years if conviction is done in a high court of justice.

Burden of proof of registration: When a person is charged in to a court of law for performing an act which is below the standard of the profession, the statutory provision is to assume such to be unregistered unless otherwise proofed by producing evidences of registration.

Statutory provision for trainings: The Board, according to part 3, section 17, subsection 1a –c, is empowered to approve any course of training which is envisioned for individuals seeking to become members of the NHRP which the Board believed will offer satisfactory knowledge and dexterity for the practice of the profession after the completion of the training. Moreover, the Board is also authorised to endorse any institution of learning whether in the country or abroad that it considers appropriately structured and standardly equipped for conducting approved courses of training. The Board also has vested power to validate any qualification offered from the approved school.

Statutory provision for Professional discipline: The Board is empowered to carry out professional discipline in a case of suspected wrong doings on the part of a registered member. The Board has an investigative panel according to Part 21, section 3, of the Act which will conduct preliminary enquiry into any case of alleged misbehaviour of any member in his/her official capacity and decided whether the case should be referred to the Disciplinary Committee. If the case is eventually referred to Disciplinary committee, the committee is authorised to consider and determine the case and punished the offender.

Legislative requirement for the appointment not to be held by unregistered person: In accordance with part 12, section 1 of the act a person not registered as a health records officer should not under any condition hold any appointment in the civil service of the federation, state, public or private establishment, whether as a body or institution if such appointment involves the performance any act relating to Health Records Practice. However, anybody undergoing training which can lead to acceptable qualification under the supervision of registered members can hold such appointment

Enforcement of Legislative requirement

Enforcement of Legislative requirements simply means compelling the obedience to an established law, regulation, or command. Legislative requirement or sometimes refers to as regulatory requirement is usually performed by a regulatory organisation formed or assigned to carry out the purpose or provisions of a legislation. There are many enforcement strategies employed which the Board can use to effect the conformity with the Legislative requirement

which include the use of investigative panel, disciplinary procedure, payment of fine, deregistration of members and court intervention.

Prospects of Enforcement of Statutory Provision

Creation of Public Awareness: In order to enforce any law and order, it is pertinent to create awareness among the public about the established law through aggressive campaign. Such awareness should underscore the importance of qualities of health records and consequences of giving the responsibility of Health records management to quack. The paper could invoke Sub Section 12(1) of the Act “... *no person, not being registered as a health records officer, shall be entitled to hold any appointment in the civil service of the Federation or of a State or in any public or private establishment, body or institution, if the holding of such appointment involves the performance by him in Nigeria of any act pertaining to the profession*”. HRORBN has done this in a paid advertorial in some daily news with the title “Public notice on the appointment of non-professionals to manage health records management”.

Floating of Monitoring and Standard Enforcement Team and Feedback: Raising of monitoring and standard enforcement team to visit all categories of health institutions/agencies, federal, state and local establishments, private and public health facilities regularly to ensure that only qualified and licensed officers are engaged for services that has to do with act of health records keeping. There may be different body with similar responsibility to monitor all training schools as well.

Investigative panel for the offenders: the investigative panel is a standing committee of the Board which consists of five members of the Board are responsible for conducting of initial enquiry into any case where it is alleged that a registered person has misbehaved in his officious capacity and deciding whether the case should be referred to the Disciplinary Committee for appropriate action.

Enforcement through disciplinary action: The disciplinary committee effect penalties for determined unprofessional conduct. The penalties for immoral or dishonourable conduct when conviction is made and the Board concurred that behaviour is incompatible with the professional status of such an officer, the officer's name could be strike off in the relevant part of register. The officer may be suspended from practice for specified period, reprimanded, ordered to pay to the Board any costs incurred by the Board over court proceedings or cautioned and bind him for a period not more than one year. The penalty could be one of the aforementioned prescribed punishments, on combined.

Court Intervention: Both court of jurisdictions whether inferior or high court can entertain and impose penalties on any member who has been found guilty to have falsely claim to have acquired a certificate or collaborate with the employee of the Board though, the level of penalties imposable are classified according to the status of the Court. While the low level court can impose the maximum fine of ₦100, the high court has the power not to exceed ₦1000, two years imprisonment or both.

Withdrawal of Approval: The Board may sanction any previously approved school by withdrawal of their licence to run approved course, if it deem it fit to do so. This sanction will however be effected when such institution has been communicated of the Board intention to do so and allowed to give its representation, but the representation given by such institution is considered unworthy.

Challenges of Enforcement of Legislative requirement

Non-compliance of members to Licensure: There are many members of NHRP who do not possess current practising license despite the importance attach to it. There were only eight hundred and fourteen (814) health records officers throughout the federation according to Mami (2015). This figure suggests that average of 26 health records officers were licensed in each state of the federation excluding Federal capital territory. What happens to others? According to the Act, unlicensed officers are quack. When gainfully employed members are not licensed or refused to renew their license, how compliance are they with Legislative requirements?

Absence of Administrative and Political will on the part of various Management: There seems to be lack of desire, inclination and conscious determination of many Chief Executive in engaging adequate number of HIO required for standard, effective and efficiency health records services in their health institutions. This may be due to the facts that there is no policy position on the recommended number of HIO per health facilities. Another important factor attributable to this is the traditional disposition of records keeping inherited from Britain whereby view professionals are employed and supported by numerous clerks to run the health records department. In addition to these, some HIP may not be contributing significantly to the tactical or strategically goal of the organisation, thereby relegating them to backseat in such organisation.

Attitudinal glitches of the professionals: Many HIO could be summarily described as faulty and defective opinion or general feeling about their profession. Their composite and complex mental state concerning beliefs, feelings, values and disposition to act as standard professional is nothing to write home about. Their body languages and physical postures either conscious or unconscious while interacting with other health care team members present the profession in poor image. Many may not be bothered to acquire the latest skill and competences afforded them by the profession especially the ICT.

Lack Enforcement Process: It appears that there is no enforcement procedure in applying the Legislative requirement in some areas of HIP especially in the hospital practises. It is very evident that many practising members are not renewing their license where many members simply ignored obtaining it. Yet, no strict process of verifying those without license in the country despite earning their living through health information practise. It is only in the tertiary health institutions that attempts are made by individual management to check license during promotion and employment interview.

Poor cognizance of the law: Many members are presumed oblivion of the law Legislative requirement guiding the practices of health records officers in the country, hence the lackadaisical attitude and predisposition towards compliance.

Summary

Nigerian Health Records Professionals (NHRP) are specialist in art of health records keeping certified and recognised by Health Records Officers Registration Board of Nigeria (HRORBN) who is the custodian and administrator of the Legislative requirement as inscribed CAP 166 LFN1990 (formally Decree 39 of 1989 dated 11th December, 1989), for the running of the profession. NHRP see to the day to day management of Health records management. For effective and efficient running of health records services in the country,

(HRORBN) is charged with the regulation of the profession and her duties include but not limited to determination of standards of knowledge and skills for qualification, registration of members, licencing of members, establishment and maintenance of register for members, conducting examinations in health records management and awarding certificates. In order to induce compliance, the Board has investigative panels, disciplinary procedures, withdrawal of accreditation, and court intervention among others at their disposal. Challenges of enforcement include attitudinal glitches, non-compliance by members and lack of awareness to mention few.

Conclusion

The activities of Nigeria Health Records Professionals are moderated and regulated by Health Records Officer Registration Board of Nigeria (HRORBN) based on CAP 166 LFN1990 (formally Decree 39 of 1989 dated 11th December, 1989). If all the Legislative requirements contained therein are enforced, it will contribute immensely to the productivity of health information officer as specifically and effective health care delivery system in general.

Recommendations

For operational effectiveness of enforcement of Legislative requirements, the paper recommended the following:

1. Continuous education of the members: continuous education of member of the profession will aid enormously in awareness creation toward compliance with the Legislative requirement of the members. Some members need de-education and re-education to correct the attitudinal problems. this can be handled by the Board of assigned committee
2. Identification of defaulters: There should be robust system by which the defaulters will be fished out throughout the federation as obtainable in all other health care delivery system. This will exposed those members who either unlicensed or refuse to renew their licenses as advocated by the law.
3. Implementation of penalties on identified defaulters: The defaulters should be made to undergo prescribed punishment to serve as deterrent to others. The disciplinary procedure should be initiated by the Board once the defaulters are known
4. The Board should as a matter of policy communicate regularly with the chief executive of both private and public health institutions regularly to remind the need to professionalise health records department in their domain. This will not only reduce the rate of non-employment of the health records professionals produce annually into the job market, but enhance productivity of serving officers

